

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 03/09/2017
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 445484	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN B. WING _____		(X3) DATE SURVEY COMPLETED 03/05/2017
NAME OF PROVIDER OR SUPPLIER SENATOR BEN ATCHLEY STATE VETERANS' HOME			STREET ADDRESS, CITY, STATE, ZIP CODE ONE VETERANS WAY KNOXVILLE, TN 37931		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE
K 000	INITIAL COMMENTS A life safety survey was conducted by the state of Tennessee Department of Health, Division of health licensure and regulation office of health care facilities on 3/5/17. During this life safety survey, Senator Ben Atchley State Veterans Home was not found to be in substantial compliance with the requirements for participation in Medicare/Medicaid at 42 CFR Subpart 483.70(a), Life safety from fire, and the related National Fire Protection Association (NFPA) standard 101 - 2012 edition.	K 000			
K 711 SS=D	The requirement at 42 CFR, Subpart 483.70(a) is NOT MET as evidenced by: NFPA 101 Evacuation and Relocation Plan Evacuation and Relocation Plan There is a written plan for the protection of all patients and for their evacuation in the event of an emergency. Employees are periodically instructed and kept informed with their duties under the plan, and a copy of the plan is readily available with telephone operator or with security. The plan addresses the basic response required of staff per 18/19.7.2.1.2 and provides for all of the fire safety plan components per 18/19.2.2. 18.7.1.1 through 18.7.1.3, 18.7.2.1.2, 18.7.2.2, 18.7.2.3, 19.7.1.1 through 19.7.1.3, 19.7.2.1.2, 19.7.2.2, 19.7.2.3 This STANDARD is not met as evidenced by: Based on observation and interview, the facility failed to ensure all dietary staff were familiar with the hood suppression system and components. This deficiency affected one of eight smoke compartments.	K 711	All Current Dietary employees were Educated on Fire Control measures located in the kitchen: including the primary fire alarm pull station, hood suppression system and fire extinguishers. Quarterly inservices will occur and any new hires to the Dietary department will receive inservice education during their orientation to the department. The education will be conducted by the Dietary Manager and the Maintenance Supervisor. Maintenance Supervisor and Administrator will review the inservices and periodic drills will occur and findings reported to Q A & A Committee for 2 months. 3/31/17		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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K 711	<p>Continued From page 1</p> <p>The finding includes:</p> <p>Observation and interview with 2 of 2 dietary employees on 3/5/17 at 10:59 AM revealed they were not familiar with the suppression system and components. NFPA 101, 9.2.3 & NFPA 96, 10.5.7</p> <p>The maintenance director was present when the deficiency was identified and was acknowledged by the administrator during the exit conference on 3/5/17.</p>	K 711			